

PROOF OF LIABILITY INSURANCE

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INSURER AFFORDING COVERAGE

AMERICAN TRANSIT INSURANCE COMPANY
330 West 34th Street 10th Floor
NEW YORK, NY 10001
1 800 683-ATIC

INSURED

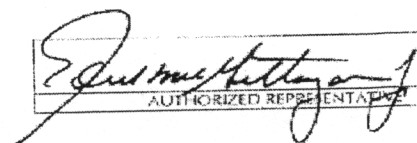
GOLDEN CHILD CAB CORP

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	MP01L-A203329	03/01/2007	03/01/2008

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY	100,000 EACH PERSON
	300,000 EACH ACCIDENT
PROPERTY DAMAGE	10,000 EACH ACCIDENT
UNINSURED MOTORISTS (INCLUDES SUM)	25,000 EACH PERSON
	50,000 EACH ACCIDENT
MANDATORY PERSONAL INJURY PROTECTION	50,000
ADDITIONAL PIP	150,000
COMPREHENSIVE	
COLLISION	

DATE OF ISSUE 10/02/2007

CERT. FORM 09/01


 AUTHORIZED REPRESENTATIVE